

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

Case Number: 08-cv-3901

Omnicare, Inc., Plaintiff

v.

Walgreens Health Initiatives, Inc., United Healthcare Services,
Inc., Comprehensive Health Management, Inc.,
Defendants

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:

Walgreens Health Initiatives, Inc. - Defendant

NAME (Type or print) Scott W. Fowkes	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Scott W. Fowkes	
FIRM Kirkland & Ellis LLP	
STREET ADDRESS 200 E. Randolph Dr.	
CITY/STATE/ZIP Chicago, IL 60601	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 6199265	TELEPHONE NUMBER 312-861-2000
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	